

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Rachel Arrezola		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Chief Deputy Press Secretary		CB/ID NUMBER		DIVISION OR BUREAU Press Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		CA		95814	

10-Jun		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER	COST OF TRANS.		TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT		
25-Jul	5 00 AM	Los Angeles		3.05 1.00				353.40		65.69 61.69	22	11.00 11.97		431.66
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	4.60	0.00	0.00	0.00	353.40	0.00	61.69	22	11.97	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													423.14	\$431.66

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS public event in Los Angeles

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.544

70

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241112

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to seat belt usage

CL

DATE

6/28/10

SIGNATURE OF OFF.

DATE

6/28/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

6/29/10